

Appendix A-8a: Semi-Structured Guide, CATI,  
English (also to be used for web survey pretest)

## Survey of SNAP and Work

*MONTH, DAY, YEAR (Insert date after OMB clearance)*

## INTRODUCTION TO COGNITIVE INTERVIEW AND INFORMED CONSENT

Thank you for agreeing to help us out today. My name is \_\_\_\_\_ and I work for [Westat, a research company in Rockville, MD/Social Policy Research Associates, a research company in Oakland, CA]. Let me give you a little background information about what we'll be doing today. Westat is working on a project called SNAP and Work. The survey is being conducted by the U.S. Department of Agriculture.

The survey asks questions about people's employment. We want to make sure that the questions are easy to understand and to answer. That is how you will help us out today -- by going through a set of new questions and sharing some of your reactions and thought process with us. There are no right or wrong answers. Your feedback will help us make sure people understand the questions the way they are intended.

Before we start, there are a few things I need to mention:

- This is a research project, and your participation is voluntary. If you prefer not to answer certain questions, just tell me and I'll go on to the next one. You may stop the interview at any time.
- We will go through the survey section by section. As the interviewer, I will ask you each survey question and get your answer. When we get to the end of each section, we will stop, and I will cover some specific questions about the survey you just answered. [*As needed: Adapt instructions when the full instrument is being read, followed by retrospective probing.*] After you finish completing the questions I read to you, I will be asking you some follow-up questions to help me understand how you understood the questions.
- For example, I may sometimes ask why you answered the way you did, or I might ask you what a word in a question means to you. This doesn't mean that you have answered a question incorrectly. There are no right or wrong answers in the interview. Also, please know that I'm not testing you. I will simply be asking you to help me understand how we can make these questions better. And because we're testing questions, please let me know whenever you find a question to be confusing.
- We will keep all your answers private. That means we will never use your name in any reports.
- The interview will take about one hour and we'll pay you \$40 for your assistance today.
- If it's alright with you, I'd like to record our interview, so that I don't have to take a lot of notes while we're talking, and can still get an accurate record of what you tell me. Only people actually working on the project will have access to the information you share with us, and we'll destroy the recording after our survey project is finished.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0606). Do not return the completed form to this address.

- Finally, some of the people working on this project are listening/observing our interview to learn first-hand if there are things that might need to be changed.

**[ASK RESPONDENT IF HE/SHE HAS ANY QUESTIONS BEFORE PROCEEDING.]**

**[HAND CONSENT FORM TO RESPONDENT]** This form covers the points I've just gone over with you. Please read it and, if you agree with it, sign it.

Okay, now let's get started.

**[TURN ON RECORDER.]** Today is \_\_\_\_\_. Now that the recorder is running, let me ask again; is it okay with you if I record this interview?

## **Cognitive Interviewer Responsibilities during Testing**

### **Before interview**

- Obtain digital recorder. Verify that batteries are working and recorder is operational. If needed, request digital camera from OASYS Loaner Pool.
- Use your phone or stop watch to measure section completion times before probing.
- Obtain interview folder from recruiters.

### **Interview**

- Administer informed consent and have participant sign form (if in-person). Give respondent second copy to keep.
- Start recorder.
- Administer protocol one section at a time. Record completion time of each section prior to probing.
- Administer the probes listed with questions, as needed. If a section does not have pre-defined cognitive probes, follow up if you notice confusion or hesitation at the end of the section.
- At the conclusion of the survey, ask R all the debriefing items.
- Check with observer(s) to see if there are any outstanding questions/probes to administer (before concluding interview).
- Turn off recorder.
- [If in person]: distribute incentive & have respondent sign receipt. [If by phone]: confirm address for sending incentive.
- Label interview packet with respondent ID, date, time, and interviewer initials.
-

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**Name recordings**

- For interviews, name your recordings using the following naming convention:  
(DATE: Respondent ID: Interviewer initials)

**Upload recordings on same day**

- Save to the secured project drive:

**Identify PII on recordings**

- In the case that any personally identifiable information (PII) is included in the recording, please notify project director. List the timestamps for any PII that need to be redacted.

Record, then later sum up the time taken to complete each section that is covered in the interview.

SECTION	Start time (min)	End time (min)	Total time (min)
Cover page			
A			
B			
C			
D			
E			
F			
G			
H			
I			
TOTAL			

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## Introduction

**NEED TO ADD CONTACT INFO.**

**ONCE ON PHONE WITH R:**

**You have been selected to take part in the *Survey of SNAP and Work!* Westat is conducting this study on behalf of the U.S. Department of Agriculture's Food and Nutrition Service. The survey will ask questions about you and your recent jobs. The results will be used to better serve people who receive benefits from the Supplemental Nutrition Assistance Program, also called SNAP, or known as [STATE SNAP] in your State.**

**The survey should take only about 30 minutes to complete. As an incentive, and to offset any cost incurred by your participation, we will send you \$40 in cash.**

**Your participation in this survey is completely voluntary. Please know that your responses will be kept private except as otherwise required by law and will not be shared with your SNAP eligibility worker or anyone else not involved with conducting the study. Neither your name nor any other information about your identity will be used in any reports. The information you provide will be combined with information from everyone who participates in the study. You may skip any question that you prefer not to answer. If you decide not to participate, there will be no loss of benefits. As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports (published in the Federal Register on April 25, 1991, volume 56, pages 19078-19080), FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.**

**If you have any questions, please contact Westat at 1-XXX-XXX-XXXX or xxxxxx@xxxx.com.**

**Are you ready to begin?**

**What's your impression at this point, based on (just) the introduction provided?**

**Does the introduction make you want to answer the survey or not? Why?**

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## Section A: Demographic Characteristics

**[Ask R to complete all of A1 - A13 and then probe using the probes provided per question, as needed. Due to time constraints, there are very few probes for this section, since respondents are likely to be familiar with demographic questions.]**

To start, I am going to ask you some general questions about yourself.

### A1. What is your month and year of birth?

Month

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

4-digit Year

### A2. What is your sex?

- Male
- Female
- DON'T KNOW
- REFUSED

### A3. ETHNICITY: Are you Hispanic or Latino?

- YES, Hispanic or Latino
- NO, Not Hispanic or Latino
- DON'T KNOW
- REFUSED

### A4. RACE: What is your race? You may choose one or more races. For this survey, Hispanic origin is not a race. Are you American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or White?

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	YES	NO	DON'T KNOW	REFUSED
AMERICAN INDIAN OR ALASKA NATIVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASIAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BLACK OR AFRICAN AMERICAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHITE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A5. Are you married, widowed, divorced, separated or never married?**

- MARRIED
- WIDOWED
- DIVORCED
- SEPARATED
- NEVER MARRIED
- DON'T KNOW
- REFUSED

**A6. Did you ever serve on active duty in the U.S. Armed Forces?**

- YES
- NO [SKIP TO A8]
- DON'T KNOW
- REFUSED

**A7. Are you currently on active duty in the Armed Forces?**

- YES
- NO
- DON'T KNOW
- REFUSED

**A8. What is the highest level of school you have completed or the highest degree you have received?**

- 12TH GRADE OR LESS – NO DIPLOMA
- HIGH SCHOOL EQUIVALENT SUCH AS GED
- HIGH SCHOOL DIPLOMA



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- SOME COLLEGE BUT NO DEGREE
- ASSOCIATE DEGREE IN COLLEGE - OCCUPATIONAL/VOCATIONAL PROGRAM (FOR EXAMPLE, AN ASSOCIATE OF APPLIED SCIENCE, SUCH AS ACCOUNTING, BUSINESS ADMINISTRATION, NURSING, WEB DESIGN, OR PARALEGAL STUDIES)
- ASSOCIATE DEGREE IN COLLEGE - ACADEMIC PROGRAM (SUCH AS ASSOCIATE OF ARTS OR ASSOCIATE OF SCIENCE)
- BACHELOR'S DEGREE (E.G., BA, AB, BS)
- MASTER'S DEGREE (E.G., MA, MS, MBA); PROFESSIONAL SCHOOL DEGREE (E.G., MD, DDS, JD); OR DOCTORATE DEGREE (E.G., PHD, EDD)
- DON'T KNOW
- REFUSED

**A9. Currently, do you have an active professional certification or a state or industry license? Do not include a business license, such as a liquor license or vending license. A professional certification or license shows you are qualified to perform a specific job. [READ IF NEEDED: Examples include a real estate license, a medical assistant certification, a Teacher License or an IT certification.]**

- YES
- NO → [SKIP TO A11]
- DON'T KNOW → [SKIP TO A11]
- REFUSED → [SKIP TO A11]

**In your own words, what is this question asking? What were you thinking of when you answered this question?**

**What does the word "active" in this question mean to you?**

**Was the question easy or difficult to answer?**

**A10. What type of certification or license is this? If you have more than two, please tell me the two you obtained most recently.**

- DON'T KNOW
- REFUSED

**○ How did you come up with your answer?**

**○ What does "type of certification" mean to you in this question?**

**A11. Do you speak a language other than English at home?**

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- YES
- NO → [SKIP TO SECTION B]
- DON'T KNOW → [SKIP TO SECTION B]
- REFUSED → [SKIP TO SECTION B]

**A12. What is this language?**

- DON'T KNOW
- REFUSED

**A13. How well do you speak English? Would you say...**

- Very well
- Well
- Not well, or
- Not at all?
- DON'T KNOW
- REFUSED

**Section End Probe**

**Which other questions in this section, if any, were difficult to answer?**

## Section B: Employment

**[Ask R to complete all of B1-B32 and then probe using the provided probes per question as needed.]**

The next set of questions I am going to ask you are about all the jobs you've held since [Sample month - 6]. We'll first ask about your current or most recent job. Then, we'll ask about any other jobs you've held since [Sample month - 6].

**B1. Have you ever worked for pay since [Sample month - 6]? Please be sure to include part-time jobs, odd jobs, self-employment, work you do as an independent contractor or free-lance worker, or other work you have done for pay since [Sample month - 6].**

- YES
- NO → [SKIP TO B2]
- DON'T KNOW → [SKIP TO B2]
- REFUSED → [SKIP TO B2]

**[if B1=yes]**

**B1a. How many separate jobs in total have you had since [Sample month -6]? If you aren't sure how many jobs you have had, let me know that, too.**

**[IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

\_\_\_\_\_ jobs [SKIP TO B3]

- DON'T KNOW [SKIP TO B1b]
- REFUSED

**[if B1a=DK]**

**B1b. About how many jobs was it? About how many jobs have you had since [Sample month - 6]?**

- 1 or 2 jobs
- 3 or 4 jobs
- 5 to 7 jobs
- 8 to 10 jobs
- More than 10 jobs
- DON'T KNOW
- REFUSED

**[SKIP TO B3]**

**B2. Have you ever worked for pay any time *before* [Sample month - 6]?**

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- YES
- NO [SKIP TO B30]
- DON'T KNOW [SKIP TO B30]
- REFUSED [SKIP TO B30]

**B2a. When did you last work for pay? If you aren't sure, let me know that, too.**

**[IF R INDICATES NOT SURE/DK FOR YEAR, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Month

4 Digit Year

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

**[If B2a MMYYYY is given, SKIP TO B30; if B2aMONTH is DK and B2YEAR is DK, ASK B2b]**

**B2b. About how long ago have you last worked? Did you last work...**

- 1 or 2 years ago
- More than 2 years ago but less than 5 years
- More than 5 years ago
- DON'T KNOW
- REFUSED

**[SKIP to B30]**

**What time period were you thinking about when answering these questions—from when to when?**

**How easy or difficult was it to count the number of jobs you have had? [IF DIFFICULT]: What made it difficult?**

**B3. Are you currently working at a job for pay?**

- YES
- NO→ [SKIP TO B7]
- DON'T KNOW→ [SKIP TO B7]
- REFUSED→ [SKIP TO B7]

**B4. Now let's talk about LAST WEEK. LAST WEEK, did you have more than one job, including a part time, evening or weekend job?**

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- YES
- NO → [SKIP TO B7]
- DON'T KNOW → [SKIP TO B7]
- REFUSED → [SKIP TO B7]

**B5. Altogether, how many jobs did you have last week?**

- 2 jobs,
- 3 jobs, or
- 4 or more jobs?
- DON'T KNOW
- REFUSED

**How did you decide on your answer?**

**B6. How many hours per week do you USUALLY work at all your jobs combined, or do the hours vary each week?**

Hours per week

- Hours vary each week
- DON'T KNOW
- REFUSED

**How did you come up with your answer?**

[If B6=Hours vary each week, ask B6a]

**B6a. Counting all your jobs, about how many hours would you say you usually worked in a week during the past month? Would you say...**

- 1 to 14 hours per week,
- 15 to 29 hours per week,
- 30 to 34 hours per week,
- 35 to 40 hours per week, or
- More than 40 hours per week?
- DON'T KNOW
- REFUSED

**How did you decide on your answer?**

**Is it easy or difficult to count the number of hours you work? [IF DIFFICULT]: Why?**

**How much do your work hours vary week to week? I work at least \_\_\_ hours per week but not more than \_\_\_ hours per week.**

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**B7. The next questions are about [your current job/the job you worked the most hours at last week/the job you had most recently]. What kind of work [do/did] you do, that is, what [is/was] your occupation? For example: plumber, typist, farmer.**

- DON'T KNOW
- REFUSED

**B8. What [is/was] the name of your employer? Or were you self-employed?**

Name of employer

- Self-employed
- DON'T KNOW
- REFUSED

**B9. What kind of business or industry [is/was] this? What [do/does/did] [the employer/you] make or do?**

- DON'T KNOW
- REFUSED

**How easy or difficult was it to decide on your answer here (the kind of business or industry you are employed in? [IF DIFFICULT]: Why was it difficult?**

**B10. In what month and year did you start working at this job?**

Month

4 Digit Year

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

**How did you come up with your answer?**

**How easy or difficult was it to remember the month? [IF DIFFICULT]: Why was it difficult?**

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**[if B3=No, not currently working, ask B11; if B3=Yes, SKIP TO B12]**

**B11. In what month and year did you stop working at this job? If you aren't sure when, let me know that, too.**

**[IF R INDICATES NOT SURE/DK IN YEAR, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Month

4 Digit Year

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

**How did you come up with your answer?**

**How easy or difficult was it to remember the month? [IF DIFFICULT]: Why was it difficult?**

**[if B11=DK, ask B11a; otherwise, SKIP TO B11b]**

**B11a Approximately when did you stop working at this job? Was it...**

- Within the past month,
- 1 to 2 months ago,
- 3 to 5 months ago, or
- More than 5 months ago?
- DON'T KNOW
- REFUSED

**B11b Why did you stop working? I am going to read you a list of possible reasons you may have stopped working. Please tell me which of the following is the MAIN reason you stopped working.**

- Layoff or plant closing
- End of temporary or seasonal job
- Discharged or fired
- Pregnancy or birth of a child
- Other family reason
- Poor health
- Quit to look for another job
- Returned to school or devote more time to school
- Moved away from the job
- Transportation problems
- Some other reason. Please specify
- DON'T KNOW
- REFUSED

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**How did you decide on your answer? (How did you pick that one?)**

**Are there other reasons that should be added?**

**B12. How many hours per week (do/did) you usually work on this job? If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Hours per Week

- DON'T KNOW
- REFUSED

**[if B12= DK, ask B13; otherwise, SKIP TO instruction before B14]**

**B13. About how many hours (do/did) you work at this job in a typical week?**

- 1 – 14 hours,
- 15 – 29 hours,
- 30 – 34 hours,
- 35 – 40 hours, or
- More than 40 hours?
- DON'T KNOW
- REFUSED

**[if B12 < 35 or B13= (1, 2, 3), ask B14; otherwise, SKIP TO B16]**

**B14. (Do/did) you want to work a full-time workweek of 35 hours or more?**

- YES
- NO [SKIP TO B16]
- DON'T KNOW [SKIP TO B16]
- REFUSED [SKIP TO B16]



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**B15. Some people work part time because they cannot find full time work or because business is poor. Others work part time because of family obligations or other personal reasons. I am going to read you a list of reasons people might work part time. Please tell me your MAIN reason for working part time at this job.**

- Your hours were cut
- Could only find part-time work
- Seasonal work
- Child care problems
- Other family/personal obligations
- Health/medical limitations
- School/training
- Retired/Social Security limit on earnings
- Or another reason? IF ANOTHER REASON: What is your main reason for working part time?
- DON'T KNOW
- REFUSED

**How easy or difficult was it for you to choose only one? [IF DIFFICULT]: Why was it difficult?**

**B15a. Was there another important reason for working part-time? If so, what was it?**

**[IF R INDICATES NO OTHER REASON, SELECT "THERE WAS NO OTHER REASON"]**

- Your hours were cut
- Could only find part-time work
- Seasonal work
- Child care problems
- Other family/personal obligations
- Health/medical limitations
- School/training
- Retired/Social Security limit on earnings
- Or another reason? IF ANOTHER REASON: What is your other reason for working part time?
- THERE WAS NO OTHER REASON
- DON'T KNOW
- REFUSED
-

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**B16. How (do/did) you usually get to work at this job? If you usually (use/used) more than one method of transportation during the trip, please tell me the one used for most of the distance.**

- Drove a personal vehicle, such as your or your family's car, truck, van or motorcycle,
- Rode with a friend, family member, or co-worker,
- Took public transportation, such as bus, trolley, streetcar, subway, ferry, or railroad,
- Taxicab,
- Bicycle,
- Walked,
- Worked at home, or
- Another method?
- DON'T KNOW
- REFUSED

**How did you decide on your answer?**

**B17. How many minutes (does/did) it usually take you to get to work? Please count time only for a one-way trip.**

Minutes

- DON'T KNOW
- REFUSED

**B18. How much (are / were) you earning (at / when you left) this job and what is the schedule for receiving the pay? Please include tips, commissions, bonuses, and regular overtime. If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- OTHER SPECIFY \_\_\_\_\_
- DON'T KNOW → [SKIP TO B18C]
- REFUSED

**How did you come up with your answer to this question about your income?**

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**[If amount is given in B18, ask B18a; if B18=Don't Know, SKIP TO B18c]**

**B18a. Is that amount before, or after, taxes and other deductions?**

- BEFORE TAXES AND OTHER DEDUCTIONS→ [SKIP TO B19]
- AFTER TAXES AND OTHER DEDUCTIONS
- DON'T KNOW→ [SKIP TO B19]
- REFUSED→ [SKIP TO B19]

**[If B18a=After taxes and deductions, ask B18b; otherwise, skip to B19]**

**B18b. How much was it *before* taxes and other deductions. [CONFIRM THAT THEY ARE ANSWERING IN SAME UNIT AS B18]**

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- OTHER SPECIFY \_\_\_\_\_
- DON'T KNOW
  
- REFUSED

**[SKIP TO B19]**

**[If B18=Don't Know, ask B18c]**

**B18c. Which of the following ranges best describes the approximate amount you earned at this job during a typical week?**

- Less than \$100 per week
- \$100 to \$250 per week
- \$251 to \$500 per week
- \$501 to \$750 per week
- More than \$750 per week
- DON'T KNOW
- REFUSED

**How did you come up with your answer? How easy or difficult was it for you to complete this question? [IF DIFFICULT]: Why was it difficult?**

**Were the provided ranges helpful or not helpful? Why?**

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**B19. Which of the following best describes your work schedule at this job? Would you say...**

- Regular daytime shift, that is, working any time between 6am and 6pm with the same or similar schedule week to week
- Regular evening shift, that is, working any time between 6pm and 6am with the same or similar schedule week to week
- Rotating shift, that is, one that changes regularly from days to evenings to nights
- Split shift, that is, one consisting of two distinct periods each day, or
- An irregular schedule, that is, one that changes from day to day or week to week
- DON'T KNOW
- REFUSED

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: Why was it difficult?**

**To you, what do “regular shift,” “rotating shift” and “split shift” mean?**

**Is there another way that you would describe your work schedule?**

**B20. How would you describe your work at this job? Please say yes or no to each statement. Is it...**

	YES	NO	DON'T KNOW	REFUSED
a. A regular permanent job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Self-employed/work you do for your own business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Seasonal work, meaning you were hired for only a few weeks or months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Work for a “temp” agency or staffing agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. An occasional odd job, meaning you were hired for only a few hours or days and you did not expect it to turn into anything more than that?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Work as an independent contractor or free-lance worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Work you do for a friend or family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Something else not already covered? IF YES: Please describe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B21. (Are/Were) any of the following benefits available to you at this job?**

	YES	NO	DON'T KNOW	REFUSED
a. Sick days with full pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| b. Paid vacation?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Paid holidays, such as Christmas and New Year's Day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Dental benefits?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. A health plan or medical insurance?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. A retirement or 401K plan?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Tuition reimbursement?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Do you have anything else to add to this list of benefits?**

**[IF B21E=YES, ask B22; otherwise, SKIP TO B23]**

**B22. (Are/Were) you enrolled in the health insurance plan at this job?**

- YES
- NO
- DON'T KNOW
- REFUSED

**B23. Have you worked at another job for pay since [Sample Month - 6]?**

- YES
- NO → [SKIP TO INSTRUCTION PRECEDING B30]
- DON'T KNOW → [SKIP TO INSTRUCTION PRECEDING B30]
- REFUSED → [SKIP TO INSTRUCTION PRECEDING B30]

**[if B23= Yes]**

**Tell me about the job that you had prior to the one you just described.**

**B24. What is the name of your employer at this job? Or were you self-employed?**

Name of employer

- Self-employed
- DON'T KNOW
- REFUSED

**B25. In what month and year did you start working at this job?**

Month

4 Digit Year

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[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

**How did you remember that month [and year]?**

**B26. In what month and year did you stop working at this job, or are you still working there?**

Month

4 Digit Year

STLL WORKING THERE

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

**B27. How many hours per week did you usually work on this job? If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Hours worked per week

DON'T KNOW

REFUSED

**[if B27= Don't know, ask B28; otherwise, SKIP TO B29]**

**B28. About how many hours did you work at this job in a typical week?**

1 – 14 hours,

15 – 29 hours,

30 – 34 hours,

35 – 40 hours, or

More than 40 hours?

DON'T KNOW

REFUSED

**When you hear "typical week," what does that make you think about?**

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**B29. How much were you earning when you left this job? You can answer in hourly, weekly, every two weeks, monthly, or yearly. Please include tips, commissions, bonuses, and regular overtime. If you aren't sure how, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY
- DON'T REMEMBER → [SKIP TO B29c]
  
- DON'T KNOW → [SKIP TO B29c]
- REFUSED → [SKIP TO B29c]

**[If amount is given in B29, ask B29a; if B29=Don't Know, SKIP TO B29c]**

**B29a. Is that amount before, or after, taxes and other deductions?**

- BEFORE TAXES AND OTHER DEDUCTIONS → [REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH – 6]
- AFTER TAXES AND OTHER DEDUCTIONS → [ASK B29B]
- DON'T KNOW → [REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]
- REFUSED → [REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]

**How easy or difficult was it to answer this? [IF DIFFICULT]: Why was it difficult?**

**[If B29a=After taxes and deductions, ask B29b]**

**B29b. How much was it *before* taxes and other deductions? [CONFIRM THEY ARE ANSWERING IN SAME UNIT AS B29]**

Amount

- HOURLY
- WEEKLY
- EVERY TWO WEEKS
- MONTHLY
- YEARLY

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- OTHER SPECIFY \_\_\_\_\_
- DON'T KNOW
- REFUSED

**[REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH – 6]**

**[If B29a=Don't Know, ask B29c]**

**B29c Which of the following ranges best describes the approximate amount you earned at this job during a typical week?**

- Less than \$100 per week,
- \$100 to \$250 per week,
- \$251 to \$500 per week,
- \$501 to \$750 per week, or
- More than \$750 per week?
- DON'T REMEMBER
  
- REFUSED

**[REPEAT B23-B29 FOR ALL PREVIOUS JOBS GOING BACK TO SAMPLEMONTH - 6]**

**[If B1=No or B3=No then ask B30; otherwise SKIP TO SECTION C]**

**B30. What is the main reason you are not currently working? Is it because...**

- Of a pregnancy or recent birth of a child
- You are ill or disabled
- You are retired
- You are taking care of home or family
- You are going to school or in a job training program
- You could not find work
- Some other reason

[IF R INDICATES SOME OTHER REASON, ASK]: Please tell me that other reason.

- \_\_\_\_\_
- DON'T KNOW
  - REFUSED

**B31. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?**

- YES
- NO → [SKIP TO C1]
- DON'T KNOW → [SKIP TO C1]
- REFUSED → [SKIP TO C1]



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**B32. LAST WEEK, could you have started a job if offered one?**

- YES
- NO
- DON'T KNOW
- REFUSED

**B33. Are you currently receiving any State or Federal unemployment compensation?**

- YES
- NO
- DON'T KNOW
- REFUSED

**End of Section Probes**

**In this section we just completed (Section B), which questions were hardest to remember the answers to?**

**Other than the questions we have already talked about in section B, which othes were hard to answer? Why?**

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## Section C. Education, Training and Employment Services

**[Ask R to complete all of C1 – C13 and then probe using the probes provided per question, as needed.]**

The next questions I am going to ask you are about education, training and employment services you might have received in the last 12 months; that is, since [mmddyyyy]

**C1. First, we would like to know if you attended any education program (high school, adult basic education, or college) or job training program since [mmddyyyy]. Have you been enrolled in any school or job training program since [mmddyyyy]?**

- YES
- NO [SKIP TO C3]
- DON'T KNOW [SKIP TO C3]
- REFUSED [SKIP TO C3]

**C2. How many education or training programs did you participate in since [mmddyyyy]?**

\_\_\_\_\_ number of programs

**C3. Are you *currently* enrolled in an education or training program?**

- YES
- NO [SKIP TO C13 if C2=0; if C2>0 GO to C4]
- DON'T KNOW [SKIP TO C13]
- REFUSED [SKIP TO C13]

**[If C3=yes] The next questions are about the education or training program you are currently attending.**

**[If C3=no and C2 > 1] The next questions are about the education or training program you attended most recently.**

**[If C3=no and C2 = 1] The next questions are about the education or training program you attended since [mmddyyyy].**

**C4. Where (do/did) you participate in that education or training? (Was/Is) it at...**

- A high school

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- A community college or 2-year college
- A 4-year college or university
- A vocational, technical or business school
- A private company that provides training (may include your employer)
- Joint apprenticeship training program (union affiliated)
- A community agency
- Or somewhere else [IF ENDORSED] Where (do/did) you participate in that education or training?  
\_\_\_\_\_
- DON'T KNOW
- REFUSED

**C5. In what month and year did you start that education or training?**

Month

4 Digit Year

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

**[SKIP TO C7 IF C3=YES]**

**C6. In what month and year did you stop attending that education or training?**

Month

4 Digit Year

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

**[SKIP to C8 IF C3>0]**

**C7. In what month and year do you expect to stop attending that education or training?**

Month

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4 Digit Year

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

**C8. How many hours per week [do/did] you attend this education or training program?**

\_\_\_\_\_ hours per week

- DON'T KNOW
- REFUSED

**C9. [Are/were] you being trained in some skill or occupation, or (are/were) you taking a general education program?**

- General education [SKIP TO C11]
- Skill or occupation
- DON'T KNOW [SKIP TO C11]
- REFUSED [SKIP TO C11]

**C10. What kind of work [are/were] you being trained for? For example, education, health, or marketing. [READ CHOICES IF NECESSARY]**

- AGRICULTURE AND NATURAL RESOURCES
- BUSINESS MANAGEMENT AND SUPPORT (SUCH AS BUSINESS ADMINISTRATION, ACCOUNTING AND SECRETARIAL)
- COMMUNICATION AND DESIGN
  - COMPUTER AND INFORMATIONAL SCIENCES (SUCH AS PROGRAMMING, DATA PROCESSING, COMPUTER NETWORKS)
- CONSTRUCTION TRADES
- CONSUMER OR PERSONAL SERVICES (SUCH AS CULINARY SERVICES, COSMETOLOGY, AND FITNESS STUDIES)
- EDUCATION
- ENGINEERING AND SCIENCE TECHNOLOGIES
  - HEALTH (SUCH AS DENTAL SUPPORT, MEDICAL ASSISTANT, PHYSICAL THERAPY, NURSING, AND MEDICAL DIAGNOSTICS)
- MARKETING
- MANUFACTURING
- MECHANICS AND REPAIR
- PROTECTIVE SERVICES (INCLUDING CRIMINAL JUSTICE AND OTHER PROTECTIVE SERVICES)
  - TRANSPORTATION AND MATERIAL MOVING

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- OTHER  
SPECIFY \_\_\_\_\_
- DON'T KNOW

**Of the items in the list, which ones are you not familiar with?**

**[ASK IF C3=NO]**

**C11. Did you complete that education or training?**

- YES
- NO [SKIP TO C13]
- DON'T KNOW
- REFUSED

**[ASK IF C3=NO]**

**C12. Did you receive a degree, certificate, or license from completing that program?**

- YES
- NO
- DON'T KNOW
- REFUSED

**C13. In the last 12 months, have you received any of the following types of employment services?**

	YES	NO	DON'T KNOW	REFUSED
a. <b>Career counseling</b> including tests to see what jobs you were suited for, information about education or job training programs, information on how to change careers, or information about what jobs are available in your local area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <b>Job search assistance</b> including assistance in searching for work, referrals to jobs or employers, or providing labor market information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <b>Job readiness training</b> including help filling out an application, writing a resume, or going for an interview?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <b>Workfare</b> or community service/volunteering?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: Why was it difficult?**

**Of the items in the list, which ones are you not familiar with?**

**[If at least one YES is checked in C13, ask C14; otherwise SKIP TO SECTION D]**

**C14. Who provided the most recent employment services you received? Was it...**

- American Job Center office (or Employment Service office)
  - State Unemployment Insurance office
  - Another government agency
  - A community agency
  - Your employer
  - A school, college or university
  - A placement agency
  - Or somewhere else?
- [IF SOMEWHERE ELSE] Who provided the employment services?
- \_\_\_\_\_
- DON'T KNOW
  - REFUSED

**Of the items in the list, which ones are you not familiar with?**

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## Section D. Barriers to Employment

**[Ask R to complete all of D1 - D10 and then probe using the probes provided per question, as needed.]**

These next questions I am going to ask you are about items people view as barriers or obstacles to securing a job. Remember that your responses will be protected and kept private.

### D1. Do you have a physical, emotional, or other health condition that limits the amount or type of work you can do?

- YES
- NO [SKIP TO D3]
- DON'T KNOW [SKIP TO D3]
- REFUSED [SKIP TO D3]

### D2. What kind of work-limiting health problems do you have? Do you have...

	YES	NO	DON'T KNOW	REFUSED
A physical disability, injury or illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An emotional or mental health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A learning disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other work-limiting health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF YES: What is that health problem?				

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: why was it difficult?**

**Let's take a look at the words, "work-limiting health problems." What kind of problems are you thinking about?**

**Of the items in the list, which ones are you not familiar with?**

### D3. Have you ever been convicted or pled guilty to a felony?

- YES
- NO [SKIP TO D7]
- DON'T KNOW [SKIP TO D7]

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REFUSED [SKIP TO D7]

**D4. In what month and year was your last felony conviction?**

**Month**

**4-digit Year**

[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]

**D5. Did you ever spend time in prison or jail?**

- YES
- NO [SKIP TO D7]
- DON'T KNOW [SKIP TO D7]
- REFUSED [SKIP TO D7]

**D6. About how long ago were you released from prison or jail? If you were incarcerated more than once, when were you most recently released? Was it...**

- Less than 1 year ago,
- 2 to 5 years ago, or
- More than 5 years ago?
- DON'T KNOW
- REFUSED
- DON'T KNOW
- REFUSED

**D7. For each statement, please tell me how much it affects your securing a job by giving me a number from 1 to 5 where 1 means not a barrier for you to secure a job and 5 means a strong barrier for you to secure a job.**

	Not a barrier 1	2	3	4	Strong barrier 5	DON' T KNO W	REFUSE D
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1. Having less than a high school education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Work limiting health condition (illness/injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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3. Lack of adequate job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lack of job experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Lack of child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Racial discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Lack of information about jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Lack of stable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drug/alcohol addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Physical disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fear of rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Lack of work clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. No jobs available in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. No jobs available that match your skills/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Being a single parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Need to take care of young children or other person in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Cannot speak English very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Cannot read or write very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Problems with getting to job on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Lack of confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Lack of support system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Lack of adequate coping skills for daily struggles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Past criminal record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: Why was it difficult?**

**Of the items in the list, which ones are you not familiar with?**

**End of Section Probes**

**How easy or difficult did you find the questions in this section? Which ones, if any, were particularly hard to answer?**

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**This section asked about the topics of prison, health issues, and barriers to employment. What do you think about the survey asking these questions? [IF NEEDED]: How comfortable or uncomfortable were you in answering these questions?**

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## Section E: SNAP Participation

**[Ask R to complete all of E1 - E9 and then probe using the probes provided per question, as needed.]**

The next questions I am going to ask you are about your use of the Supplemental Nutrition Assistance Program or SNAP, formerly called Food Stamps, or known as [State Name for SNAP] in your State.

### E1. Are you currently receiving any SNAP benefits?

- YES
- NO → [SKIP TO E3]
- DON'T KNOW → [SKIP TO E3]
- REFUSED → [SKIP TO E3]

### E2. Did you receive SNAP CONTINUOUSLY, every month since [Sample Month]?

- YES → [SKIP TO E7]
- NO → [SKIP TO E6]
- DON'T KNOW → [SKIP TO E6]
- REFUSED [SKIP TO E6]

### E3. Since [Sample Month], did you receive any SNAP benefits?

- YES
- NO → [SKIP TO SECTION F]
- DON'T KNOW → [SKIP SECTION F]
- REFUSED [SKIP TO SECTION F]

### E4. What month and year did you last receive SNAP benefits?

Month

4 Digit Year

**[INCLUDE DK AND RF OPTIONS FOR BOTH MONTH AND YEAR]**

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**E5. Why did you stop receiving SNAP? Please tell me yes or no to each of the following statements.**

	YES	NO	DON'T KNOW	REFUSED
Became ineligible because of increased income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Became ineligible because of family changes (e.g. family member moved out of household)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Became ineligible because program rules or requirements were not met (did not attend school, job training, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eligibility ran out because of time limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Still eligible but chose not to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF YES] What is the other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: why was it difficult?**

**Of the items in the list, which ones are you not familiar with?**

**E6. For how many months since [Sample Month] did you receive SNAP benefits?**

Please

**Months**

- DON'T KNOW
- REFUSED

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**E7. In the last 12 months, did you participate in an employment or training program as part of receiving SNAP benefits? I am going to read you a series of statements. Please let me know which one best describes your experience. Would you say...**

- Yes, you volunteered to participate
- Yes, you participated because it was required to keep SNAP benefits
- No, you were told you had to participate, but didn't do it → [SKIP TO E9]
- No, you never were told you had to participate and didn't volunteer, or → [SKIP TO E9]
- No, you participated in the past but not in the last 12 months → [SKIP TO E9]
- DON'T KNOW → [SKIP TO E9]
- REFUSED → [SKIP TO E9]

**Was it easy or difficult to complete this question? [IF DIFFICULT]: why was it difficult?**

**E8. Are you still attending the program, did you leave before the end of the program, or have you completed it?**

- STILL ATTENDING THE PROGRAM
- LEFT BEFORE THE END OF THE PROGRAM
- COMPLETED THE PROGRAM
- DON'T KNOW
- REFUSED

**E9. Did the state agency that is responsible for your SNAP benefits require you to register for work with the state workforce agency?**

- YES
- NO
- DON'T KNOW
- REFUSED

**End of Section Probes**

**Of the questions we have covered in this section (Section E), were there any that were hard to understand what was being asked for?**

**Were there any questions you found particularly difficult to answer? Why?**

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## Section F. Health and Health Insurance

**[Might not probe on this section due to time constraints.]**

These next few questions ask about your health insurance coverage.

### F1. Do you have health insurance coverage?

- YES
- NO → [SKIP TO F3]
- DON'T KNOW → [SKIP TO F3]
- REFUSED [SKIP TO F3]

### F2. What type of health insurance or health coverage do you have? If you are covered by more than one type, please tell me the type that covers most of your expenses. Please stop me when I get to the statement that best describes your health insurance or health coverage.

**[INTERVIEWER: YOU DO NOT NEED TO READ THE FULL LIST]**

- Insurance through a current or former employer or union (by you or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Don't know
- Any other type of health insurance or health coverage plan. [IF R INDICATES OTHER]: Please describe the health insurance or health coverage plan:
- DON'T KNOW
- REFUSED

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: why was it difficult?**

**Of the items in the list, which ones are not familiar to you?**

### F3. In general, would you say your health is...

- Excellent,

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- Very good,
- Good,
- Fair, or
- Poor?
- DON'T KNOW
- REFUSED

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## Section G: Household Information

**[Ask R to complete all of G1 - G5 and then probe using the probes provided per question, as needed.]**

The next questions ask for information about where you live and who you live with.

### **G1. Which of the following best describes the type of place you are currently living?**

- You own your own home, including mobile home
- You rent your home or apartment, including mobile home
- You live at the home of family or friends without paying rent
- You live at the home of family or friends paying reduced rent
- You live in emergency or temporary housing (e.g., in a shelter or is homeless)
- Something else? Please describe.

- DON'T KNOW
- REFUSED

The next questions are about people in your household. By household we mean a group of people who live together and purchase food and prepare meals together. A household also may be a person who lives alone or who, while living with others, customarily buys food and prepares meals separate and apart from the others. Please count only yourself if you live in a dormitory, other institution or a hospital, or if you prepare your meals separate and apart from others.

### **G2. How many people, *including yourself*, are in your household?**

- DON'T KNOW
- REFUSED

**[if G2 > 1, ask G3; otherwise, SKIP TO G5]**

**What did you think of the definition of household?**

**How easy or difficult was it for you to come up with your answer?**



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**G3.I am going to ask you for some more information about the people in your household, other than yourself. Let's start with the oldest person in your household.**

**[What is the first name of the oldest person in your household?]**

**What is the first name of the next oldest person in your household?]**

**And what is [NAME'S] relationship to you? [READ LIST IF NEEDED]**

**And how old is [NAME]?**

Please Select ▼

Please Select ▼

**HH Member 2**

**HH Member 3**

**HH Member 4**

**HH Member 5**

**HH Member 6**

**HH Member 7**

**[for G3 dropdown: Relationship to you]**

- Spouse or Unmarried Partner
- Child
- Grandchild
- Parent (Mother/Father)
- Brother/Sister
- Other relative (Aunt, Cousin, Nephew, Mother-in-law, etc.)
- Foster Child
- Housemate/Roommate
- Other nonrelative
  
- DON'T KNOW
- REFUSED

Just to confirm, the following people live in your household. [READ ROSTER]

**[Instruction: autofill first names of persons ages 16 or older from hh roster above]**

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**G4.I have some additional questions for everyone 16 years old or older in your household.**

First Name	Is [NAME] currently employed, not employed but looking for work, or not employed and not looking for work?	If employed, how many hours does [NAME] usually work per week at all jobs? Usually works 35 or more hours per week Usually works 20 to 34 hours per week Usually works 1 to 19 hours per week	Is [NAME] on Active Duty in the Armed Forces?
	Please Select ▼	Please Select ▼	Please Select ▼
<b>Adult 1</b>			
<b>Adult 2</b>			
<b>Adult 3</b>			
<b>Adult 4</b>			
<b>Adult 5</b>			

**[for G4 dropdown: Is this person currently employed]**

- Currently employed
- Not employed but looking for work
- Not employed and not looking
- DON'T KNOW
- REFUSED

**[for G4 dropdown: If employed, how many hours does he/she usually work per week at all jobs]**

- Usually works 35 or more hours per week
- Usually works 20 to 34 hours per week
- Usually works 1 to 19 hours per week
- DON'T KNOW
- REFUSED

**[for G4 dropdown: On active duty in the Armed Forces]**

- YES
- NO
- DON'T KNOW
- REFUSED

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: why was it difficult?**

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**[Ask G5 if G1 is *not* “I live in emergency or temporary housing”; otherwise, SKIP TO next section]**

**G5. Where you currently live, do you or any member of this household have access to the Internet?**

- YES
- NO
- DON'T KNOW
- REFUSED

**End of Section Probe**

**Were there any other questions in this section that were unclear to you or you had difficulty answering?**

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## Section H: Dependents and Dependent Care

**[Ask R to complete all of H1 - H5 and then probe using the probes provided per question, as needed.]**

[Question H1 will be programmed so that it is only asked if respondent indicated in the household characteristics section that there are children under age 13 in their household.]

The next questions are about dependents and dependent care.

**H1. You indicated that there are [autofill number] children under the age of 13 living in your household. Are you the parent, guardian, or caregiver of any of these children?**

- YES
- NO
- DON'T KNOW
- REFUSED

[Question H2 will be programmed so that it is only asked if respondent indicated in the household characteristics section that there is anyone over 59 in their household.]

**H2. Not including financial assistance, do you provide any care or assistance for an adult in your household who needs help because of a condition related to aging?**

- YES
- NO
- DON'T KNOW
- REFUSED

**In your own words, what does “related to aging” mean?**

[If the answer to H2 is yes, H3 will be programmed to read: “Do you provide unpaid assistance or care to anyone *e/*se in the household...”]

**H3. Do you provide unpaid assistance or care to anyone in the household because of a health condition or disability? This could include a physical, mental, emotional, cognitive, behavioral or developmental disability; a chronic health condition or psychiatric**

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**condition, or blindness or deafness. Assistance can include medical care or help with everyday activities including supervision or reminders.**

- YES
- NO
- DON'T KNOW
- REFUSED

**What does "unpaid assistance" mean to you?**

[The following question is asked only if the respondent indicated above that they are responsible for anyone under age 13 in the household]

**H4. Are any of the children that live with you cared for in a child care arrangement when they are not in school? Child care includes day care centers or nursery schools, Head Start, before- or after-school care centers, a babysitter, including brothers or sisters, the child's other parent if that parent does not live with you, or other relatives, and summer camps. Please don't count kindergarten, first grade, or higher.**

- YES
- NO
- DON'T KNOW
- REFUSED

**What do you think of this question? Easy or hard?**

**What do you think of the definition of "child care arrangement?"**

**H5. Currently, do you have any legal agreements or orders that require you to pay child support or alimony?**

- YES
- NO
- DON'T KNOW
- REFUSED

**End of Section Probe**

**Were there any other questions in this section that were unclear to you or you had difficulty answering?**

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## Section I: Income

**[Ask R to complete all of I1 – I10 and then probe using the probes provided per question, as needed.]**

**I1. The next questions are about income or assistance that you or someone in your household may have received in 2017. Remember that, by household, we mean a group of people who live together and purchase food and prepare meals together; or a person who lives alone or who, while living with others, customarily buys food and prepares meals separate and apart from the others. Please indicate if you or anyone in your household received any of the following *anytime during 2017*, even if for only one month. In 2017 did you receive...**

	YES	NO	DON'T KNOW	REFUSED
a. Wages or salary from regular employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Money received from odd jobs, such as child care, babysitting, doing hair, or similar jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. WIC or the Special Supplemental Food Program for Women, Infants, and Children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Food stamps or the Supplemental Nutrition Assistance Program (SNAP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Public assistance or welfare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Housing assistance such as public or low-income subsidized housing or the Housing choice voucher program (Section 8)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Energy assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Child care subsidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Retirement or social security?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Unemployment insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Worker's compensation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Child support or alimony?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Other support you received from friends or relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Any other income? [IF YES] What was that other income from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 200px; height: 20px;" type="text"/>				

**How easy or difficult was it for you to complete this question? [IF DIFFICULT]: Why was it difficult?**

**Of the items in the list, which ones are you not familiar with?**

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**I2. Thinking of all the income received by you and the people in your household *during all of 2017*, what was the total income for the year for everyone living together in your household? This includes money from jobs, net income from businesses, pensions, dividends, interest, social security payments and any other money income received. Please include all your household's income before taxes.**

**If you aren't sure, let me know that, too. [IF R INDICATES NOT SURE/DK, SELECT DK AND CONTINUE. NEXT Q WILL PROBE THEM TO ESTIMATE]**

Amount

- DON'T KNOW
- REFUSED

**How comfortable or uncomfortable are you providing an income amount?**

**[If I2=DK, ask I2a. Otherwise, skip to I3]**

**I2a. Approximately what was your household's income during 2017?**

- Less than \$5,000,
- \$5,001 to \$10,000,
- \$10,001 to \$20,000,
- \$20,001 to \$30,000,
- \$30,001 to \$40,000,
- \$40,001 to \$50,000
- \$50,001 or more?
- DON'T KNOW
- REFUSED

**[IF R FILLED IN THE CATEGORY INSTEAD OF AMOUNT, ASK]: Why did the category work better for you?**



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**13. During the last 12 months, did any of the following happen because your household did not have enough money? Please answer yes or no to each item.**

	YES	NO	DON'T KNOW	REFUSE D
a. The household did not pay the full amount of the rent or mortgage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The household did not pay the full amount of the gas, oil, or electricity bills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The gas or electric company turned off service, or the oil company did not deliver oil.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The telephone company disconnected service because payments were not made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You or someone else in your household needed to see a doctor or go to the hospital but did not go because the household could not afford it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You or someone else in your household needed to see a dentist but did not go because the household could not afford it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G, You or someone else in your household could not fill or postponed filling a prescription for medicine when they were needed because the household could not afford it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How easy or difficult was it for you to complete this question?**

**Of the items in the list, which ones are you not familiar with?**

**14. Which of these statements best describes the food eaten in your household in the last 12 months? Would you say...**

- You always have enough to eat and the kinds of food you want,
- You have enough to eat but not always the kinds of food you want,
- Sometimes you don't have enough to eat, or
- Often, you don't have enough to eat?
- DON'T KNOW
- REFUSED

**15. During the last 12 months, did (you/you or others in your household) ever get emergency food from a church, a food pantry, or food bank?**

- YES
- NO → [SKIP TO I7]
- DON'T KNOW → [SKIP TO I7]
- REFUSED [SKIP TO I7]

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**16. How often did this happen during the last 12 months? Was it...**

- Almost every month,
- Some months but not every month, or
- Only 1 or 2 months?
- DON'T KNOW
- REFUSED

**17. During the last 12 months, did (you/you or others in your household) ever eat any meals at a soup kitchen?**

- YES
- NO → [SKIP TO I9]
- DON'T KNOW → [SKIP TO I9]
- REFUSED → [SKIP TO I9]

**18. How often did this happen during the last 12 months? Was it...**

- Almost every month,
- Some months but not every month, or
- Only 1 or 2 months?
- DON'T KNOW
- REFUSED

**19. Now we would like to learn about any debts you might have other than mortgages and other real estate loans, business debts, and auto loans. Do you have debts from any of these sources?**

	YES	NO	DON'T KNOW	REFUSED
a. Money you owe to family, other relatives, or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. School loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Money you owe on one or more credit cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other loans (i.e., payday loans or pawn shop loans) [IF YES] What other loans do you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

otherwise, **SKIP TO END**]

**110. Not counting mortgages debt or other real estate loans, business debts, or auto loans, approximately how much do you owe from all these sources?**

- \$1 to \$500,
- \$501 to \$1,000,
- \$1,001 to \$2,500,

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- \$2,501 to \$5,000,
- \$5,001 to \$10,000,
- \$10,001 to \$25,000,
- \$25,001 to \$50,000, or
- More than \$50,000?
- DON'T KNOW
- REFUSED

**How easy or difficult was it for you to complete this question?**

**Are you the one most knowledgeable in your family about debt owed or is that someone else?**

### Debriefing Questions

**Now, I would like to finish up by asking you a few general questions about the survey.**

[OVERALL IMPRESSIONS]

- In general, what did you think about the survey?**
- What, if anything, was confusing about the survey?**

[FEASIBILITY OF RESPONSE]

- Overall, which sections were hardest to answer? Why?**
- Which questions were hardest to answer? What made it hard to answer [FILL]?**

[ASSESS, IF NOT ALREADY COVERED, WHETHER EACH MENTIONED DIFFICULTY IS A COMPREHENSION, RETRIEVAL, JUDGMENT/ESTIMATION, RESPONSE/MAPPING, OR A RESPONDENT-SPECIFIC ISSUE.]

[IDENTIFY QUESTIONS THE R CONSIDERS SENSITIVE, AND WHY]

- Which questions, if any, did you {not want to/hesitate about} answering? Why?**

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**END**

**Thank you for participating in this important study.**

**We will be sending your cash incentive and need to make sure we have your correct address.**

**CONFIRM ADDRESS AND UPDATE IF NECESSARY.**

Street Address 1

Street Address 2 or Apt

City

State

Zip

Telephone

E-Mail

**Thank you again. Goodbye!**

**[CHECK WITH OBSERVERS FOR ADDITIONAL QUESTIONS.]**

**[THANK THE R AND PROVIDE INCENTIVE AND OBTAIN RECEIPT]**

Privacy Act Statement

**Authority:** Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

**Purpose:** Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;

**Routine Use:** Information may be disclosed for any of the routine uses listed in the published System of Record notice <https://www.federalregister.gov/documents/2010/12/27/2010-32457/privacy-act-revision-of-privacy-act-systems-of-records#p-30>

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